

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth
(Registration District)

Globe

County

Gila

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			
DATE OF BIRTH* Nov. 19, 1914			
(Month) (Day) (Year)			
FULL* NAME	FATHER		
William D. Morrison			
FULL* MAIDEN NAME	MOTHER		
Clara Green			

I HEREBY CERTIFY that the child described herein
has been named

Noble Laurence Morrison

(Give name in full)

(Surname)



(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-42-S.P.Co.

545-1119-375

MARGIN RESERVED FOR BINDING
USE PERMANENT INK